

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90009 050 ****61.25

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1. Entity Name
GRANT PARK ADDITION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3705 WIGGINS LEAF STREET
TAMPA, FL 33619

Mailing Address
3705 WIGGINS LEAF STREET
TAMPA, FL 33619

00064931

2. Principal Place of Business
3715 Wiggins Leaf St.

3. Mailing Address
3715 Wiggins Leaf St.

Suite, Apt. #, etc.

City & State
Tampa Florida

Zip
33619

Country
USA

08162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2550410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHEELER, TEQUILA
3705 WIGGINS LEAF STREET
TAMPA, FL 33619

7. Name and Address of New Registered Agent
Name
Laura Connell
Street Address (P.O. Box Number is Not Acceptable)
3715 Wiggins Leaf St.
City
Tampa FL Zip Code
33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Laura Connell (President) Laura M. Connell 8-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	NAME SCOTT, PANDARECE STREET ADDRESS 3718 WIGGINS LEAF ST CITY-ST-ZIP TAMPA, FL 33619	TITLE President	NAME Laura Connell STREET ADDRESS 3715 Wiggins Leaf St. CITY-ST-ZIP Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Marissa Nollan STREET ADDRESS 3814 Wiggins Leaf St. CITY-ST-ZIP Tampa, FL 33619	TITLE Vice President and Secretary	NAME Ellamae Linchouse STREET ADDRESS 3723 Wiggins Leaf St. CITY-ST-ZIP Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Treasurer	NAME Brenda Jenkins STREET ADDRESS 3716 Smith Tree St. CITY-ST-ZIP Tampa, FL 33619	NAME Karen Jolly STREET ADDRESS 3805 Wiggins Leaf St. CITY-ST-ZIP Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Assistant Treasurer	NAME Joann Salas STREET ADDRESS 3812 Wiggins Leaf St. CITY-ST-ZIP Tampa, FL 33619	NAME Activities Coordinator

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura M. Connell 8-12-05
Signature and typed or printed name of signing officer or director Date Daytime Phone #